

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000060847

**Entity Name:** PAC MEN 6390 LLC

**Current Principal Place of Business:**

636 NE LAKE POINTE DRIVE  
LEE'S SUMMIT, MO 64064

**Current Mailing Address:**

636 NE LAKE POINTE DRIVE  
LEE'S SUMMIT, MO 64064 US

**FEI Number: 81-2023538**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WAYNE, GEOFFREY M  
135 SAN LORENZO AVE., PH 840  
CORAL GABLES, FL 33146 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DE ANDRADE, FABIO  
Address 636 NE LAKE POINTE DRIVE  
City-State-Zip: LEE'S SUMMIT MO 64064

Title AMBR  
Name DE ANDRADE, MAURO  
Address 636 NE LAKE POINTE DRIVE  
City-State-Zip: LEE'S SUMMIT MO 64064

Title AMBR  
Name DE ANDRADE, FLAVIO JR  
Address 636 NE LAKE POINTE DRIVE  
City-State-Zip: LEE'S SUMMIT MO 64064

Title AMBR  
Name DE ANDRADE, EDUARDO R  
Address 636 NE LAKE POINTE DRIVE  
City-State-Zip: LEE'S SUMMIT MO 64064

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DE ANDRADE , FABIO**

**AMBR**

**03/14/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date